Band City Stray Cat Rescue and Protection Society Inc. (SCRAPS)
PO Box 1653, Moose Jaw, SK S6H 7K7
(306) 693-0718 (306) 684-9048
scraps-mj@hotmail.com

FOSTER FAMILY APPLICATION

Full Name _____

Street Address _____

Mailing Address _____ SK _____

Home Phone _____ SK _____

Email _____ Cell Phone _____

Emergency Contact _____ Work Phone _____

_____ Phone _____

_____

Are you 18 years of age or older? ☐ Yes ☐ No

Do you rent or own your home? ☐ Rent ☐ Own

If you rent, have you checked with your landlord to confirm that you can have a cat? ☐ Yes ☐ No

Landlord's Name _____

Address: _____

Telephone: _____ (home) _____ (cell)

Please indicate the number of people living in your home:
( ) Infants ( ) Pre-school ( ) School Age ( ) Teenagers ( ) Adults

Do any family members have allergies? _____

If yes, what type? _____

How would you describe you household? Active / Quiet / Other _____

Indicate the species, breed, gender, and age of any pets currently in your home:

_____

_____

_____

_____

Are your pets currently neutered/spayed? _____ Are they up-to-date on vaccinations? _____
*Your pets must be fully vaccinated and neutered/spayed before introducing a foster into the home.

Do any cats currently in your home have FIV or Feline Leukemia? Yes / No
Have you ever had a dog/cat with Parvo or panleukopenia? Yes / No

Please describe your experience level and any volunteer experience, if applicable:

Why are you interested in fostering with SCRAPS?

What ages are you willing to foster?
- o Kitten
- o Adult
- o Senior

Are you willing to foster:
- o Pregnant cats
- o Mother cat & kittens
- o Abandoned kittens

Do you have experience in handling medications and/or bottle-feeding kittens? Yes / No

Where will the cat/kitten be kept while in your home?

** Foster cats/kittens are strictly indoor animals.

Do you have a separate room available in which to isolate foster cats for stated durations to prevent the potential transmission of illness? _____

Do you have sufficient time to spend in caring for and socializing the foster(s) in your care? Yes/No
Do you have a reliable vehicle to transport cats to and from vet appointments? Yes / No
Are you over the age of 18? _____
Please provide two (2) references (non-relatives);(see attached)

I, _____ am interested in fostering a cat/kitten for SCRAPS and agree the information provided on this form is accurate.
I understand this information will be kept on file with SCRAPS and consent to the rescue maintaining records of this personal information.
I understand and agree to assist in caring for cats/kittens as a volunteer of the rescue, and further acknowledge that I will be the primary caregiver for the cats/kittens in my care.
I agree to a home visit from a SCRAPS foster team member before final approval for fostering.
I agree to not withhold information regarding the cats/kittens I foster from the rescue in signing below, I also authorize SCRAPS to contact my veterinarian for a reference, if applicable.

Foster Applicant | For SCRAPS | Date

Cat/Kitten #			
Age			
Colour			
Sex			

Reference Sheet

SCRAPS
Band City Stray Cat Rescue & Protection Society

Unrelated Reference
Name #1 _____

Address: _____

Telephone: _____ (home) _____ (cell)

How do you know this reference? _____

_____

_____

When is the best time for a representative of SCRAPS contact you? _____

Unrelated Reference
Name #2 _____

Address: _____

Telephone: _____ (home) _____ (cell)

How do you know this reference? _____

_____

_____

When is the best time for a representative of SCRAPS contact you? _____